


**FILED**  
**Jul 26, 1999 8:00 am**  
**Secretary of State**

07-26-1999 90001 016 \*\*\*\*61.25

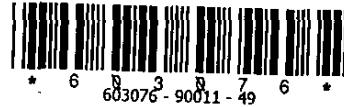
**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 749227**  
 1. Corporation Name  
**THE FIRST CHRISTIAN CHURCH OF BAYONET POINT, INC**

DOCUMENT - 2



Principal Place of Business      Mailing Address  
 11820 NATURE TR.                      11820 NATURE TR.  
 PT RICHEY FL 34668                      PT RICHEY FL 34668

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	10/08/1979
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2181131
City & State	City & State	Applied For
23	28	Not Applicable
Zip      Country	Zip      Country	5. Certificate of Status Desired
24      25	29      30	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FIELD, FREDERICK C. 10542 CALICO LOOP PORT RICHEY FL 34668	81 Name <b>SAMUEL T. SOUTHWARD</b> 82 Street Address (P.O. Box Number is Not Acceptable) 83 <b>13108 WOODWARD DR.</b> 84 City <b>BAYONET POINT</b> FL 85 Zip Code <b>34667</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* **SAMUEL T. SOUTHWARD** FINANCE CHAIR 5/1/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLHITE, PAUL</b>	1.2 NAME	
STREET ADDRESS	<b>13008 WILLOUGHBY LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HUDSON FL 34667</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BALL, DANIEL</b>	2.2 NAME	
STREET ADDRESS	<b>6623 CROSSBOW LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34653</b>	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>FINANCE COMMITTEE CHAIR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FIELD, FREDERICK C.</b>	3.2 NAME	<b>SAMUEL T. SOUTHWARD</b>
STREET ADDRESS	<b>10542 CALICO LOOP</b>	3.3 STREET ADDRESS	<b>13108 WOODWARD DR.</b>
CITY-ST-ZIP	<b>PT. RICHEY FL 34668</b>	3.4 CITY-ST-ZIP	<b>BAYONET POINT, FL 34667</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BABBINO, WILLIAM J.</b>	4.2 NAME	
STREET ADDRESS	<b>11312 STONEYBROOK PATH</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PORT RICHEY FL 34668</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 5/1/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)